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" IIAIMISDOKO	, 1 A 17100 1100		Ka	tie McCarth		0//		(Depositor's name)	
	•			Katu !	Accar	they		(Signature)	
<b>1</b> '			<u> </u>	t6ber 16, 2	008	$-\theta$		(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET N		NO. CONFIRMATION NO.		
10/596,036 TITLE OF INVENTION	03/29/2007 I: VIEWING SYSTEM F	OR RADIOGRAPHS	Nicole L. Sullivan	10/22/20 01 FC:15 02 FC:15 03 FC:86	581 1	39-U1 2 00000047 320.00 DA 510.20 DA 30.00 DA	049780	926 <b>10596936</b>	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTA	L FEE(S) DUE	DA	TE DUE	
nonprovisional	NO	. \$1440	\$300	\$0		\$1740	10	/17/2008	
EXAM	EXAMINER		CLASS-SUBCLASS	]		•			
GAWOREC	KI, MARK R	2884	250-338100			* A Real Control			
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· Authorized Signature	1	Alfm		Date 10-		,			
Typed or printed name Douglas J. Hura			Registration No. 33249						
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i inidabbara, i	21 17100 1100			Katie Mc	Carthy /	100	(Depositor's name)	
<b>3</b>				Tall	L / fift	Clitter	(Signature) (Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED DIVE	October	16, 2008	<i>U</i>		
10/596,036	03/29/2007	-	FIRST NAMED INVEN			8563-0139-U1	CONFIRMATION NO.	
TITLE OF INVENTION: V		OR RADIOGRAPHS	THEORE E. Sulliva	ac.	V	4303-0137-01	1926	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PA	ID ISSUE FEE	. TOTAL FEE(S) DU	JE DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0	\$1740	10/17/2008	
EXAMIN	EXAMINER		CLASS-SUBCLAS	S				
GAWORECKI,	MARK R	2884	250-338100					
1. Change of correspondence CFR 1.363).  Change of correspondence Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten listed, no name w	the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a istered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ed, no name will be printed.  I Douglas J. Hura  Daniel W. Sulliva  3						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	s an assignee is identif n 37 CFR 3.11. Compl	ied below no assignee	data will appear on T a substitute for filir (B) RESIDENCE: (	the patent. If and an assignment CITY and STAT	•		document has been filed for	
DENTSPLY Int	ernational,	Inc.	York, <b>York</b>		ronio II	0.4		
Please check the appropriate			inted on the patent):	Pennsylv	Corporati	· S · A · ion or other private g	group entity Government	
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Authorized Signature	701	1/8 m		Date _	10-1	7-08		
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				Katie McCarthy (Dep Catil McCarthy) October 16, 2008					
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.		
10/596,036	03/29/2007	<u> </u>	Nicole L. Sullivar	<u> </u>	08563-0		1926 .		
TITLE OF INVENTION: VIE	WING SYSTEM FOR I	RADIOGRAPHS							
APPLN. TYPE S	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE . TOT	AL FEE(S) DUE	DATE DUE		
nonprovisional	NO-	\$1440	\$300	\$0	<u>,                                     </u>	\$1740	10/17/2008		
EXAMINER		ART UNIT	CLASS-SUBCLASS						
GAWORECKI, M	ARK R	2884	250-338100						
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3. ASSIGNEE NAME AND R PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNEE	n assignee is identified 7 CFR 3.11. Completio	helow no assignee	data will appear on the data will appear on the T a substitute for filing (B) RESIDENCE: (C)	ne natent. If an accid		d below, the d	ocument has been filed for		
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